



PAYMENT EXTENSION AGREEMENT

EQUAL OPPORTUNITY PROVIDER & EMPLOYER

APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Acct. #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of First Payment: \_\_\_\_\_ Date of Final Payment: \_\_\_\_\_ Total Payment Amount(s) :\$ \_\_\_\_\_

Reason for Extension: \_\_\_\_\_

Have you previously entered into payment extension agreements? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Were all the terms met under the previous agreement(s)? YES ☐ NO ☐ If no, why? \_\_\_\_\_

**Ordinance 621-19;** (3) account payment extension agreements may be approved upon written request to do so from a town utility customer. Upon receipt of such notice from the customer, the town shall review the customer's account to ensure an extension is found to be appropriate and as to only enter into an agreement that would require the account balance be paid in full within no more than 6-months of said agreement. (6) the Town shall use their best judgement and investigate and review requests thoroughly prior to processing any adjustments or entering into any agreements. (7) the application by the customer shall be on forms provided by the Town.

DISCLAIMER AND SIGNATURE

I, \_\_\_\_\_, hereby agree to the provisions provided herein and agree to pay the predetermined amounts on or before the date as set forth by this agreement with the Town of Cathlamet in order to prevent my water service from being shut-off. I understand that failure to make such payments in a timely manner as agreed will result in the immediate shut-off of my water service without further notice. A fee of \$30 for the shut-off, a fee of \$30 for the late payment, and a fee of \$30 to restore my water service will then be applied to my account. Once payment is received in full by Town Hall, thus making my account current, services will be restored. Failure to comply with the terms of this agreement shall disqualify me from entering into any and all future payment extension agreements with the Town. I hereby certify that my answers are true and complete to the best of my knowledge and understand and agree to the provisions as set forth herein. Any persons making knowingly false statements on any such application form shall be subject to a \$100.00 additional surcharge in addition to any other penalties that may be provided by the laws of the State of Washington. (ORD. 434)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff shall submit any requests received that they feel uncomfortable processing without the verbal approval from council.

DENIED ☐ Explanation: \_\_\_\_\_

MODIFIED ☐ Explanation: \_\_\_\_\_

APPROVED ☐ Approved Payment Amount: \$ \_\_\_\_\_ BY: \_\_\_\_\_

Clerk-Treasurer Date

Terms of said agreement(s) shall be determined by staff and/or council, on the basis of appropriateness and reasonability as to ensure the Town's ability to collect. The customers overall account history may be used as a determining factor.